



Reinsurance Claims Processing Manual

Chapter Two Regular Acute Reinsurance

I. Eligibility

Reinsurance is provided to partially reimburse the Contractor when the cost of care for a member exceeds a pre-determined deductible amount within a contract year. All members who are enrolled with a Contractor on a capitated basis and meet the appropriate deductible amount are eligible for Reinsurance benefits excluding SOBRA, Family Planning, SSDI-TMC and PPC members. The coinsurance percent is the rate at which AHCCCSA will reimburse the Contractor for covered inpatient services incurred above the deductible. In addition, per diem rates paid for nursing facility services provided within thirty (30) days of an acute hospital stay, including room and board, provided in lieu of hospitalization for up to ninety (90) days in any contract year shall be eligible for Reinsurance coverage.

II. Determination of Benefits

Services that are covered under Reinsurance are specified in the AHCCCS Reinsurance System on the RI325 screen titled "RI Covered Services". Not all AHCCCS covered services are covered by Reinsurance.

AHCCCS will use Inpatient Hospitalization Encounters for services provided to enrolled members with an acute medical condition to determine Reinsurance benefits. Effective with dates of service 10/01/94 and after, the following services are covered:

- Inpatient services provided in an acute care hospital. (Provider Type (PT) 02)
- Skilled Nursing Facility (PT 22) services provided within thirty (30) days post discharge of an acute care stay, limited to ninety (90) days per contract year.
- Inpatient services provided in a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited psychiatric hospital (PT 71). Individuals, who are 21 through 64 years of age, have stay limitations of thirty (30) days per admission and sixty (60) days per ADHS contract year (July 1 through June 30).
- Care provided in a JCAHO accredited inpatient psychiatric facility such as a Residential Treatment Center (RTC) (PT 78, B1, B2, B3) or subacute facility (PT B5, B6). For individuals ages 21-64 (inclusive) in subacute facility with more than sixteen (16) (PT B6) limitations of thirty (30) days per admission and sixty (60) days per ADHS contract year (July through June) apply.
- Care provided in a Medicare certified Institution for Mental Disease (IMD) for individuals over 65 years of age.
- Acute Behavioral Health Services up to 72 hours per episode for Title XIX and Title XXI members not yet RBHA enrolled.





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Reimbursement for Health Plan acute Reinsurance benefits will be made once each month.

The listed reports are available to the Contractor via the AHCCCS FTP Server for reference.

Reinsurance Remittance Advice	RI81L310
Reinsurance Case Summary	RI91L105
Reinsurance Case Initiation	RI91L100
Reinsurance Case Reconciliation	RI91L315

(Available in Comma Delimited format or Report Text Format)

III. Deductibles

The deductible level is based on the Contractor's statewide AHCCCS acute care enrollment (not including SOBRA Family Planning Extension or SSDI-TMC members) as of October 1st each contract year for all rate codes and counties. AHCCCSA will adjust the contractor's deductible level at the beginning of a contract year if the Contractor's enrollment changes to the next enrollment level. A Contractor at the \$35,000 or \$50,000 deductible level may elect a lower deductible prior to the beginning of a new contract year. There can only be one acute Reinsurance case per AHCCCS enrolled recipient per contract year, per Contractor.

Effective for Dates of Service prior to 10/01/06

Statewide Plan Enrollment	Annual Deductible*	Title XIX Waiver Group Annual Deductible	Coinsurance
	Prospective Reinsurance	Combined PPC and Prospective Reinsurance	
0-34,999	\$20,000	\$15,000	75%
35,000-49,999	\$35,000	\$15,000	75%
50,000 and over	\$50,000	\$15,000	75%

*applies to all members except for Title XIX Waiver Group and SOBRA Family Planning members

Effective for Dates of Service 10/01/06 forward

Statewide Plan Enrollment	Annual Deductible*	Title XIX Waiver Group Annual Deductible	Coinsurance
	Prospective Reinsurance	Prospective Reinsurance	
0-34,999	\$20,000	\$15,000	75%
35,000-49,999	\$35,000	\$15,000	75%
50,000 and over	\$50,000	\$15,000	75%

* applies to all members except for Title XIX Waiver Group, SSDI-TMC, SOBRA Family Planning, and PPC members





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Deductible Carryover Effective October 1, 2006, when a member changes Contractors within a contract year, Reinsurance eligible costs will not follow the member to the receiving Health Plan. A new reinsurance case will be opened with the receiving Health Plan if the member incurs eligible costs above the receiving Health Plan's deductible level.

